**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                                      |         |                              |                  | SMALL ENTITY TYPE |              |                        | OR       | OTHER THAN OR SMALL ENTITY |                        |
|--|---|---|--------------------------------------|---------|------------------------------|------------------|-------------------|--------------|------------------------|----------|----------------------------|------------------------|
| TOTAL CLAIMS                                   |   |   |                                      |         |                              |                  | _                 | ATE          | FEE                    | )<br>    | RATE                       | FEE                    |
| FOR  |   |   | NUMBER FILED                         |         | NUMB                         | NUMBER EXTRA     |                   | SIC FEE      | 355.00                 | OR       | BASIC FEE                  |                        |
| TOTAL CHARGEABLE CLAIMS                        |   |   | 12 mir                               | nus 20= | *                            | *                |                   | \$ 9=        |                        | OR       | X\$18=                     |                        |
| INDEPENDENT CLAIMS                             |   |   | minus 3 =                            |         |                              |                  | X                 | (40=         |                        | OR       | X80=                       |                        |
| MU   | LTIPLE DEPEN  | IDENT CLAIM PI                            | RESENT                               |         |                              |                  | +                 | 135=         |                        | OR       | +270=                      |                        |
| * If   | the difference  | in column 1 is                            | ess than zero, enter "0" in column 2 |         |                              |                  | TO                | OTAL         | 355                    | OR       | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II                    |   |   |                                      |         |                              |                  |                   |              |                        |          | OTHER                      | THAN                   |
|  |   | (Column 1)                                | (Column 2                            |         |                              | (Column 3)       |                   | SMALL ENTITY |                        | OR .     | SMALL                      | ENTITY                 |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      |         |                              | PRESENT<br>EXTRA | R                 | ATE          | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                                | **      |                              | =                | X                 | \$ 9=        |                        | OR       | X\$18=                     |                        |
|  | Independent   | *<br>NTATION OF MI                        | Minus                                | ***     | T CL AIM                     | =                | Х                 | 40=          |                        | OR       | X80=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                      |         |                              |                  |                   | 135=         |                        | OR       | +270=                      |                        |
|  |   |   |                                      | `       |                              |                  |                   | TOTAL        |                        | OR       | , TOTAL<br>ADDIT. FEE      |                        |
| (Column 1) (Column 2) (Column 3)               |   |   |                                      |         |                              |                  |                   | IT. FEE      |                        | •        | ADDII. FEET                |                        |
| _  |   | CLAIMS                                    |                                      | HIGH    | IEST                         |                  |                   |              | ADDI-                  | l 1      | ·                          | ADDI-                  |
| AMENDMENT B                                    |   | REMAINING<br>AFTER<br>AMENDMENT           |                                      | PREVI   | MBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA | R                 | ATE          | TIONAL                 | :        | RATE                       | TIONAL<br>FEE          |
|  | Total   | *   | Minus                                | **      |                              | =                | X                 | \$ 9=        |                        | OR       | X\$18=                     |                        |
|  | Independent   | *<br>NTATION OF MI                        | Minus                                | ***     | T CL AIM                     | =                | X                 | 40=          |                        | OR       | X80=                       |                        |
|  | 11101111202   | TVI TOTAL OF THE                          | JETH EE BEI                          | LINDEN  | CEANN                        |                  | +1                | 35=          |                        | OR       | +270=                      |                        |
|  |   |   |                                      |         |                              |                  |                   |              |                        | OR       | TOTAL<br>ADDIT, FEE        |                        |
|  |   | (Column 1)                                |                                      | (Colu   |                              | (Column 3)       | ,                 | T. FEE       |                        |          | ADDI1.1 EE                 |                        |
| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | PREVI   | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | R                 | ATE          | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus                                | **      |                              | =                | X                 | \$ 9=        |                        | OR       | X\$18=                     |                        |
|  | Independent   | * NTATION OF MI                           | Minus                                | ***     | T CLAIM                      | =<br>            | X                 | 40=          |                        | OR       | X80=                       |                        |
|  | THIST FALSE   | TATION OF MI                              | JEHF LE DEI                          | LINDEN  | CLAIM                        |                  | +1                | 35=          |                        | OR       | +270=                      |                        |
| **   | <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> |   |                                      |         |                              |                  |                   |              |                        |          | TOTAL<br>ADDIT. FEE        |                        |
|  |   | nber Previously Pa                        |                                      |         |                              |                  | r found ir        | the app      | ropriate box           | k in col | umn 1.                     |                        |